MEDICARE BENEFICIARY DATABASE (MBD)

Centers for Medicare and Medicaid Services (CMS)

User Manual for Managed Care Organizations/Plans

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DRAFT

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REVISION HISTORY

Date	Version	Reason for Change	Author
	1.0		
09/03	6.0		Clare Gahagan
01/04	6.1	Quarter 1 2004 Release changes:	Clare Gahagan
		HICN can be entered in RRB format on Bene Profile and it will be converted and displayed in CMS format.	
		Bene Address window format has changed.	
05/2004	6.2	Quarter 2 2004 Release changes:	Clare Gahagan
		Updated Coverage tab window with new data fields (refer to Figure 23 and Table 13).	
		Updated Coverage tab window to revise the field text "Cost/HCPP" to instead read as: "HCPP" under the *Delivery Option* field in the Beneficiary Service Delivery Elections scroll box (as shown in Figure 23).	
		Added a Drug Card Enrollment Detail window with new data fields (refer to Figure 24 and Table 14).	

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INTRODUCTION

The Centers for Medicare and Medicaid Services (CMS) is moving toward an information-centered approach for record keeping, with an initial focus on beneficiary data. One of the objectives is to establish a common enterprise-wide information solution that will provide for better data integration throughout the Medicare program. The realization of this objective will result in significant improvements in the way beneficiary information is stored, maintained, and reported.

The Medicare Beneficiary Database (MBD) was created to provide CMS with a centralized database that is able to communicate with other systems while being able to view, manage, and eventually update beneficiary information. Once fully populated and integrated with other systems, the MBD will be the authoritative source of beneficiary information. The MBD will provide full support for the wide array of benefit plans and beneficiary choices. The beneficiary information contained in the MBD will be used to support managed care enrollments and payments to Managed Care Organizations (MCOs).

Document Purpose

The purpose of this document is to present a functional how-to for the MBD application. Toward this end, the goal of this manual is to familiarize you with the MBD application so that you will be able to view beneficiary data.

The principal users of the MBD will be CMS personnel from Central Office, the Regional Offices, Medicare Customer Service Centers (MCSC), and managed care organizations (plans).

Document Overview

This document contains the following sections and appendices:

Section 1.0: Includes the document and system purpose, and scope.

Section 2.0: Contains the overall description of the MBD application and background information on its function.

Section 3.0: Contains the overall view of each MBD function, together with instructions about how to use each function.

Section 4.0: Contains a table of all errors messages in the MBD application.

Appendix A: Contains the definitions, acronyms, and abbreviations used in this document.

OVERALL DESCRIPTION

The MBD Graphical User Interface (GUI) allows users to view beneficiary data and will eventually allow users to update various data elements based on role-based security access.

The MBD application contains the data necessary to give a complete insurance profile of each beneficiary. Customer Service Representatives (CSRs) can use this data to provide comprehensive responses to public inquiries regarding health insurance questions or issues.

The application will have two types of access. Currently, only Inquiry access is available. Eventually, Update access will be available. Inquiry access is for the viewing of beneficiary information and allows no updating. Update access will allow authorized users to update beneficiary information, in addition to viewing beneficiary information.

Non-Member Versus Member Information

The information available for display will be more limited for non-members than for members. If the beneficiary is *currently* a member of your plan(s), more information will be available to you.

Throughout the descriptions of the windows, you will see notations about member only displays.

Tabbed Data

The MBD data is separated into four different tabs:

- Bene Profile

- Entitlement

- Coverage

- Medicaid.

There are buttons on each tab to access additional windows with related information. Descriptions of the tabs and associated buttons follow.

Bene Profile Tab

This tab provides the necessary information to identify Medicare beneficiaries uniquely. Contained on this tab are buttons that you can click to view:

- **Beneficiary Address**: provides access to mailing, residence, and temporary residence address information.

- **Beneficiary Communication Profile**: provides information about the beneficiary's choices regarding the reception of correspondence, including language and delivery type preferences.

- **Representative Payee Communication Profile**: provides information about the representative payee's choices regarding the reception of correspondence, including language and delivery type preferences.

- **Miscellaneous Information**: includes the CWF host site ID.

Entitlement Tab

This tab provides the data necessary to determine an individual's entitlement to Medicare, specifically, the periods of Part A and Part B enrollment coverage.

Coverage Tab

This tab contains buttons to view information about Beneficiary Service Delivery Elections and choices, which are defined below.

▪ **Beneficiary Service Delivery Elections:** For members, provides current and historical beneficiary selections from the various services available. For managed care elections, detail windows are available and include enrollment and dis-enrollment dates and Plan Benefit Package (PBP) information.

There are three different categories of elections: Medicare + Choice Elections, Other Beneficiary Explicit Elections and Fee-For-Service (FFS) periods.

If the beneficiary has not made an election, Fee-For-Service periods are created as default.

♦ **Medicare** + **Choice Elections**: There are two options:

▪ *Coordinated Care plans (CCP)*

▪ *Private Fee-For-Service (PFFS) plans.*

Each of these options has unique information that you can view.

♦ **Other Beneficiary Explicit Elections**: This includes Demonstrations and Cost/Health Care Prepayment Plan (HCPP).

♦ **FFS Periods**: FFS periods are the default if no other option has been elected.

There is no additional detail information for FFS.

♦ Discount Drug Card: provides discount drug card enrollment and transitional assistance information.

Information about other coverage is also available and includes current End Stage Renal Disease (ESRD) and Hospice periods. Historical hospice and ESRD periods are available.

Also contained on the Coverage tab are buttons to display the:

- ♦ **Managed Care Institutional Status**: contains information about the current and historical periods of inpatient residence in a medical treatment facility, regardless of Medicaid eligibility status Also contains information about beneficiaries who remained in a non-institutional residence when their health status warranted nursing home inpatient care.

- ♦ **Other Insurance Profile**: contains current and historical information about a beneficiary's insurance choices and coverage in addition to Medicare or Medicaid.

Medicaid Tab

This tab provides a profile of current and historical Medicaid eligibility periods.

USER FUNCTIONS
Logging In and Security

To gain access to the MBD application, you must provide a User ID and password.

Only authorized personnel are able to access the MBD, and security rights are based on user roles. Only users who are authorized to view restricted information will have the ability to do so.

- If you do not have authority to view a particular MBD element, asterisks (***) display in that field.

- If your user role does not have authority for an element like updating, adding, or deleting, the element will not be functional.

Security access is dependent on whether the beneficiary is CURRENTLY a member of your plan(s).

Instructions

To view the MBD application:

➢ Double-click the **MBD** shortcut.

A CMS Security Warning appears:

Figure 1: CMS Security Warning
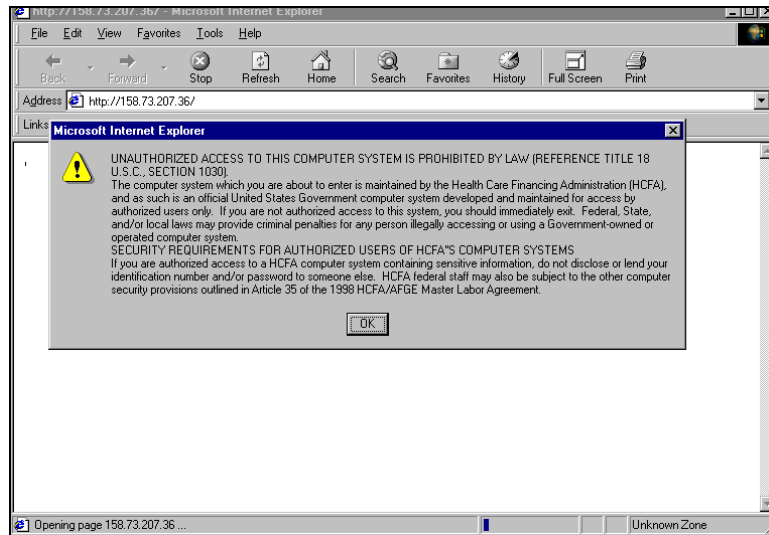
➤ Read the security warning, and click **OK.** (See Figure 1.)

The CMS Welcome Page appears with two menu options:

Figure 2: CMS Welcome Page
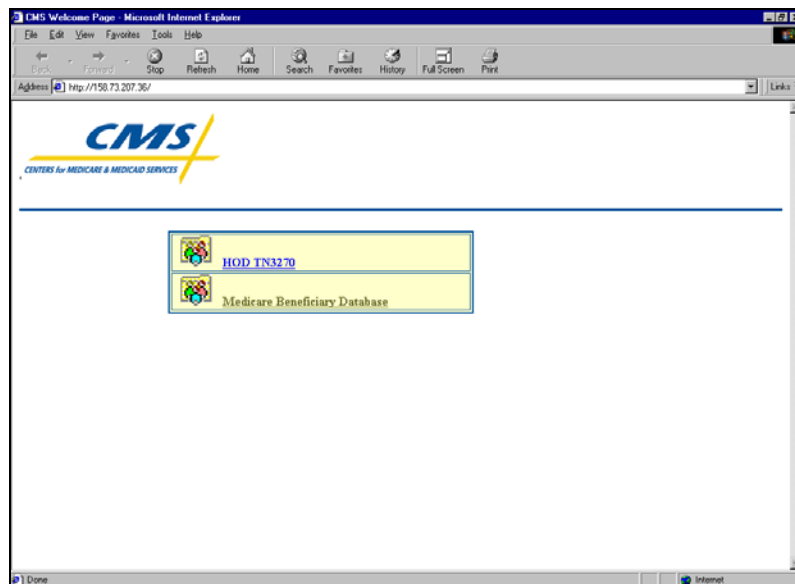
➤ Click Medicare Beneficiary Database (the second option) (See Figure 2.).

A Security Alert appears asking if you want to proceed:

Figure 3: Security Alert
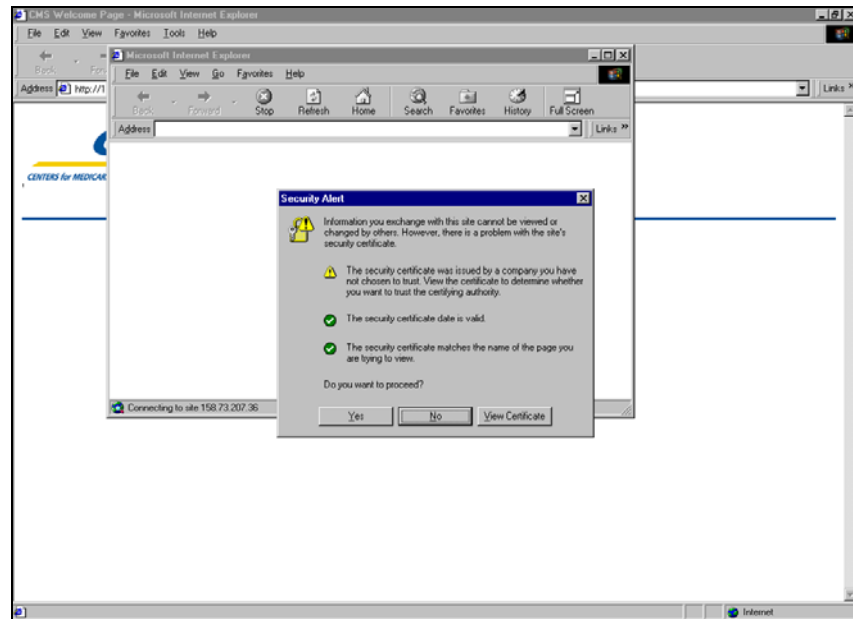
➤ Click YES (See Figure 3).

The Enter Network Password window appears:

**Figure 4: Enter
Network Password
Window**
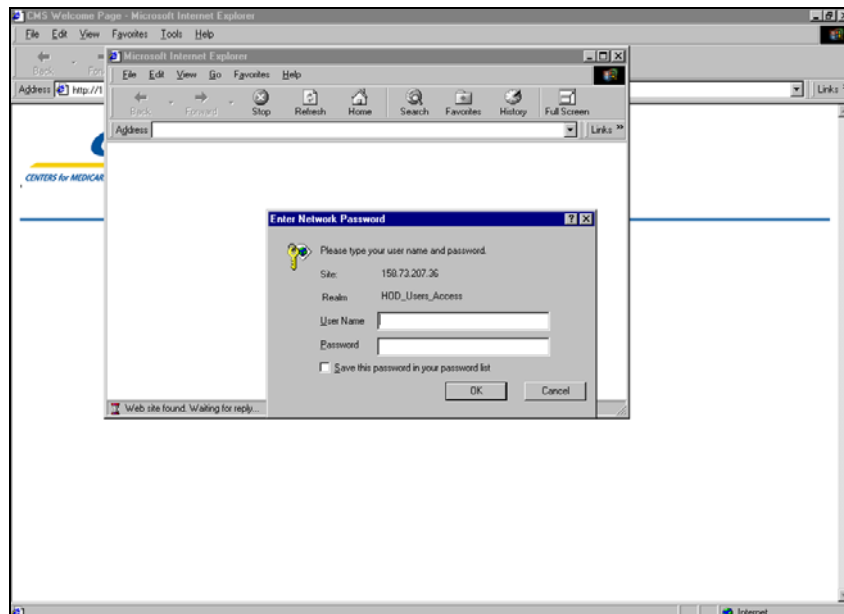
> ➢ Type your *RACF ID*.
>
> ➢ Press the **Tab** key.
>
> ➢ Type your *Password*.
>
> ➢ Click **OK.**

The Medicare Beneficiary Database Login window appears and displays MBD application messages:

Figure 5: Medicare Beneficiary Database Login Menu
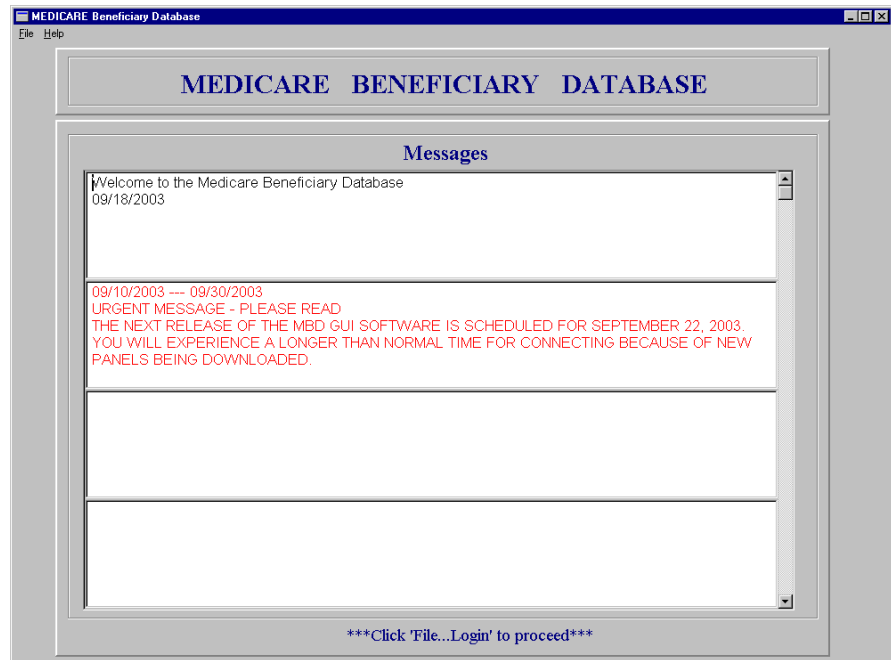
There are two menu options located in the top left corner. They are **File** and **Help**

To log in to the system:

➢ Choose **File > Login** from the menu bar.

The Login window opens.

**Figure 6: Login
Window**
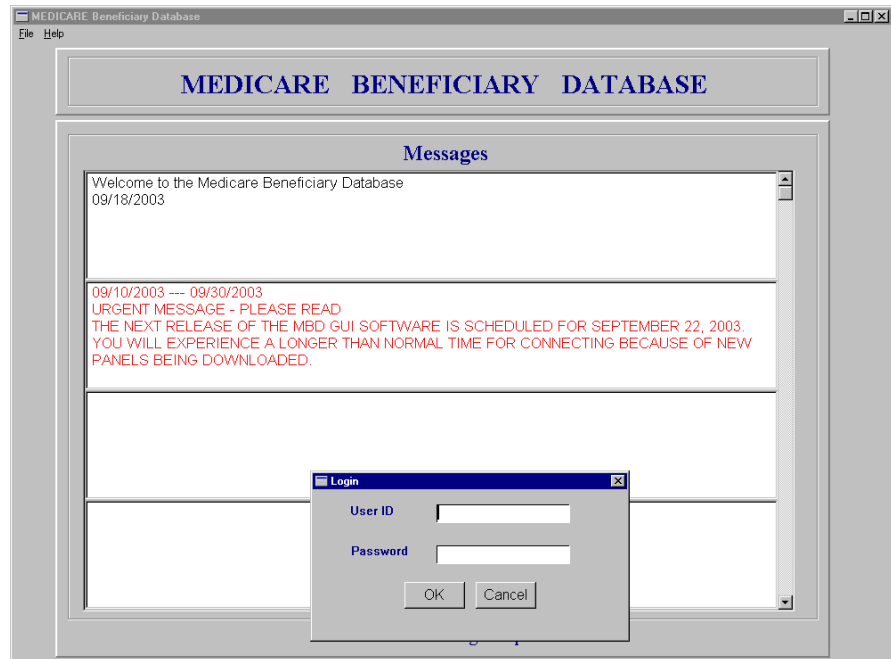
To gain access to the MBD application:

➢ Type your *User ID*.

➢ Press the **Tab** key.

➢ Type your *Password.*

➢ Click **OK**.

After you have logged in successfully, the Main Menu appears.

For more information about the Main Menu, see **Using the Main Menu** on page 13.

Logging Off and Exiting the MBD Application

Purpose

It is important that you exit and log off from the MBD application when finished using the system.

Security is of the utmost importance because information contained within the MBD application is sensitive in nature.

Instructions

To log out of the MBD application:

➢ Click **Exit** until returned to the **Main Menu**.

➢ Click the **File** menu.

➢ Select **Logoff** from drop down menu.

You are then logged out of the system (see Figure 7).

You can then exit the MBD:

➢ Click the **File** menu.

➢ Select **Exit** from the drop-down menu.

The MBD application is closed.

Figure 7: Logging Off
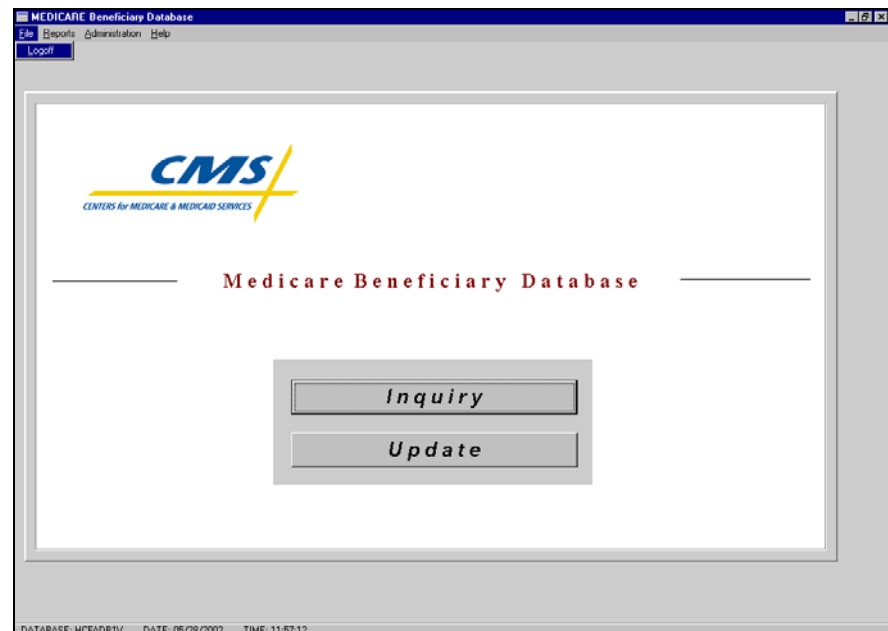
Invalid ID or
Password Error
Message

If you enter an invalid User ID or password, an error message displays. This message states that an invalid user ID or password was supplied.

Error Correction

➢ On the error message window, click **OK** to clear the error message.

➢ On the Login dialog, re-enter your *User ID* and *User Password* and click **OK**

If you continue to receive an error message, contact the System Administrator.

Using the Main Menu

Purpose

The Main Menu (Figure 8) contains two buttons for mode of access:

- Inquiry

- Update (currently unavailable).

Figure 8: Main Menu
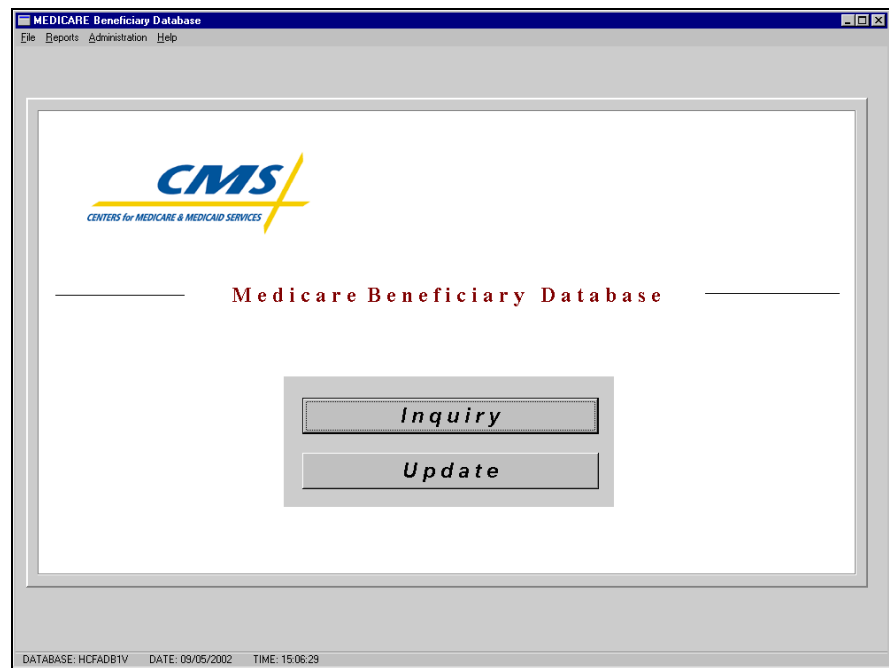
Instructions

To view beneficiary data:

➢ On the Main Menu, click **Inquiry**.

The initial Bene Profile tab displays without any beneficiary data (Figure 9). The cursor is in the HICN field:

**Figure 9: Initial Bene
Profile Tab**

For more information about using this tab, see **Viewing
Beneficiary Profile Information** on page 19.

Tour of the MBD

Use Inquiry mode (Figure 10) for viewing beneficiary data only. You cannot make any updates while you are in this mode, regardless of your security role.

Figure 10: Inquiry Mode

Components of the MBD

The MBD GUI includes these components:

- Mode of access: Inquiry or Update

- Tabs

- Unique beneficiary information

- Status Bar.

Mode of Access

On the top right corner of each window or tab, you see the word *Inquiry*. This shows you which access you have selected.

Tabs

The MBD application is separated into four different tabs, which contain different types/categories of data. Each tab contains buttons, which provide access to more information.

For more information about the tabs, see Tabbed Data (on page 1).

Unique Beneficiary Information

At the top of each tab is an area of information that remains constant from tab to tab. This information includes the key fields used to identify the beneficiary and includes the beneficiary's:

- Health Insurance Claim Number (HICN)

- Social Security Number (SSN)

- Sex and Source code

- Date of birth

- Name and Source code.

See Table 1 (on page 17) for a complete description of all the constant fields.

Status Bar

At the bottom of each screen is a status bar containing the name of the database you are accessing, the current date, and the current time.

Table 1: Unique Beneficiary Information: Constant Fields

Fields	Description
HICN	Beneficiary's HIC number
	Consists of Claim Account Number (CAN) and Beneficiary Identification Code (BIC).
SSN	Beneficiary's Social Security number
	Or
	Beneficiary Own Number (BOAN) as assigned by the SSA.
Sex	Beneficiary's sex.
	F Female
	M Male
	U Unknown
Src	Source feed for the beneficiary's sex code information.
	EDB Enrollment database
Date of birth	Beneficiary's date of birth.
Last Name	Beneficiary's last name.
First Name	Beneficiary's first name.
MI	Beneficiary's middle initial.
Src	Source feed for the last name of the beneficiary.
	EDB Enrollment database

Navigating from Tab to Tab

When you first log in, the Bene Profile tab displays, with the Entitlement, Coverage and Medicaid tabs behind it. None of the tabs other than the Bene Profile tab are active. (Figure 9 shows the Bene Profile tab with the other inactive tabs.)

After you enter a valid HIC number, the other tabs are activated, and you can move from tab to tab by clicking the tab you want to open. (Figure 12 shows the Bene Profile tab with the other tabs active.) For more information about entering a HIC number, see **Instructions** on page 23.

Note: You cannot navigate from tab to tab until you enter a valid HIC number.

Getting Help with Descriptions of Codes

When you are viewing information about a beneficiary, you will see that some of the fields contain codes.

To see the description of a code:

➢ Right-click the code.

The **What's This** button displays, for example:

Figure 11: Right-Click: What's This?

➢ Click to see a list of codes and descriptions.

To close the list of codes and descriptions:

➢ On the list window, click **OK**.

Printing Screens

Many of the windows include a **Print Screen** button. When you click this button, the screen is printed at the default printer.

*Viewing Beneficiary
Profile Information*

Purpose

After you have entered a beneficiary's HIC number, the Bene Profile tab provides information about the beneficiary's personal characteristics, address and contact information. (See Figure 12.)

For the steps to follow to enter a beneficiary's HIC number, see **Instructions** (on page 23).

See Table 2 for a complete description of all the fields and buttons contained on this tab.

**Figure 12: Bene Profile
Tab with Beneficiary
Data**

Table 2: Bene Profile Tab Information

Bene Profile Tab Information	
Fields	**Description**
XREF	Cross reference number – the beneficiary's previous HIC number.
Rep Payee *Members only*	Radio button indicating whether or not the beneficiary has designated a representative payee.
Rep Payee Name *Members only*	Name of the representative payee.
Date of Death	Date of death (DOD).
DOD Proof Code	**This data does not display due to security rules.** Date of death proof code.
DOD Source	**This data does not display due to security rules.** Identifies the source feed (EDB) for the beneficiary's date of death information.
Verified Day of Death	**This data does not display due to security rules.** Indicates whether or not a beneficiary's exact day of death has been verified.

Bene Profile Tab Information	
Current Part A Entitlement:	
Effective Date	Medicare Part A entitlement effective date for a beneficiary.
Term Date	Medicare Part A entitlement termination date.
Status *Members only*	Medicare Part A entitlement status or non-entitlement reason. **Right-click** in this field to see a list of the codes and descriptions.
Enroll Reason	The reason for a beneficiary's enrollment to Part A benefits. **Right-click** in this field to see a list of the codes and descriptions.
Current Part B Entitlement:	
Effective Date	Medicare Part B entitlement effective date for a beneficiary.
Term Date	Medicare Part B entitlement termination date for a beneficiary.
Status *Members only*	Medicare Part B entitlement status or non-entitlement reason. **Right-click** in this field to see a list of the codes and descriptions.
Enroll Reason	Reason for a beneficiary's enrollment to Part A benefits. **Right-click** in this field to see a list of the codes and descriptions.
Buttons	**Description**
H	History buttons – located next to SSN, subsection Name and XREF fields. If grayed out, no history exists. For more information, see **Using the History Buttons** on page 24.
Bene Address	Opens the Beneficiary Address screen. For more information, see **Viewing Beneficiary Address Information** on page 28.
Bene Communication	Opens the Beneficiary Communication Profile screen. For more information, see **Viewing Beneficiary Communication Information** page 34.

Bene Profile Tab Information	
Rep-Payee Comm *Members only*	Opens the Representative Payee Communication Profile Screen. For more information, see **Viewing Rep Payee Communication Information** page 37.
Miscellaneous Info	Opens the Miscellaneous Information screen. For more information, see **Viewing Miscellaneous Information** page 40.
Batch Exceptions	Opens the Batch Exceptions screen. **Note: This button is grayed out for security access reasons.**
Exit	Exits from the current mode of operation the application is in.
Update	Saves and updates all changes made to the beneficiary's record. **Note: This button is grayed out in Inquiry mode.**
Cancel	Cancels all information that was entered onto the screen. **Note: This button is grayed out in Inquiry mode.**
Clear	Brings up a clear Bene Profile screen.
OK **Hint**: This button has the same functionality as the Enter key.	After you enter a beneficiary HICN, retrieves the beneficiary's information for the Bene Profile tab.
Print Screen	Prints the current screen.

Instructions

To view a beneficiary's Bene Profile information:

➢ Log on to the MBD system (see page 5).

➢ Click **Inquiry** (see page 13).

➢ On the Bene Profile tab in the HICN field, enter a beneficiary's
  HIC number (Claim Account Number (CAN) and Beneficiary
  Identification Code (BIC)). Note: If a Railroad Board
  beneficiary's HICN is entered in RRB format, it will be
  converted and displayed in CMS format.

➢ Press **Enter** *or* click **OK**.

The beneficiary's data displays on the Bene Profile tab (see Figure
12). You can begin browsing the information and navigating
through the various tabs and buttons.

Hint: Click **Clear** to clear the data from the current beneficiary
record that is displayed on the tab before entering a new HIC
number.

Note: You can enter the HIC number only on the Bene Profile tab.

If any errors occur, see **Error and Information Messages** (page
79).

*Using the History
Buttons*

The Bene Profile tab includes **H** buttons next to these fields:

- Name

- SSN

- XREF.

To view a history window for one of the fields:

➢ On the Bene Profile tab, click the **H button** next to the field.

The history information for the particular field displays in the pop-up window (see Figure 13 through Figure 15).

To exit from a history pop-up window:

➢ On the history pop-up window, click **OK**.

The window closes, and the display returns to the tab displayed prior to accessing the History window.

Viewing the Name History

To view former beneficiary surnames, you can open the Name History pop-up window.

For the steps to follow to enter open a History pop-up window, see **Using the History Buttons** on page 24.

Figure 13: Name History Pop-up Window
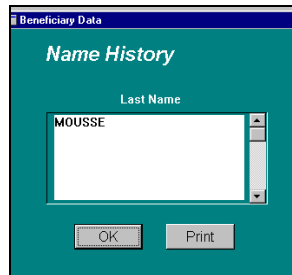
Table 3 shows the Name History Pop Up window functions.

Table 3: Name History Pop-Up Window Information

Name History Pop-Up Window Information	
Field	**Description**
Last Name	Displays former beneficiary surnames.
Buttons	**Description**
OK	Closes the Name History window.
Print	Prints the history information for this window.

*Viewing the Social
Security Number
History*

The SSN History window contains the beneficiary's former social
security numbers.

For the steps to follow to enter open a History pop-up window, see
Using the History Buttons on page 24.

**Figure 14: SSN History
Pop-up Window**
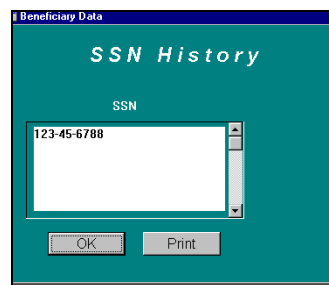
Table 4 shows the SSN History Pop Up window descriptions.

**Table 4: SSN History
Pop-Up Window
Information**

SSN History Pop-Up Window Information	
Field	**Description**
SSN	Displays beneficiary's former social security numbers.
Buttons	**Description**
OK	Closes the SSN History window.
Print	Prints the SSN history.

Viewing the XREF (Cross Reference) History

The XREF History window contains the current and historical XREF numbers and a type of valid or invalid.

For the steps to follow to enter open a History pop-up window, see **Using the History Buttons** on page 24.

Figure 15: XREF History Pop-up Window
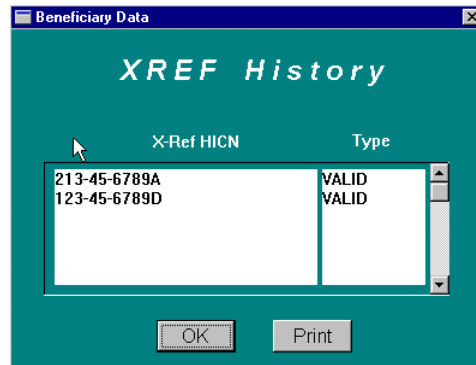
Table 5 shows the XREF History Pop Up window descriptions.

Table 5: XREF History Pop-up Window Information

XREF History Pop-up Window Information	
Fields	**Description**
X-Ref HICN	Current and historical XREF numbers.

Type	Cross reference type
	
	    Valid Kill credit = 2
	
	    Invalid Kill credit = 1

Buttons	**Description**
OK	Closes the XREF History window.
Print	Prints the XREF History information.

Viewing Beneficiary Address Information

Use the Beneficiary Address Information window (Figure 16) to get information about the beneficiary's mailing, residence, and temporary residence addresses and to access residence history in terms of state and county codes.

For the steps to follow to open the Beneficiary Address Information window, see **Instructions** (on page 31).

See Table 6 for a complete description of the fields and buttons contained on this window.

Figure 16: Beneficiary Address Information Window

**Table 6: Beneficiary
Address Window
Information**

Beneficiary Address Window Information	
Fields	**Description**
HICN	Beneficiary's HICN, consisting of CAN and BIC.
Mailing Address: Current mailing address and effective dates.	
Mailing Address	Six lines of street address.
City	City.
ST	State abbreviation.
Zip	Zip code.
Cons Code	Code assigned to the American Consulate in a foreign country. This code identifies a foreign address in the MBD.
Eff.Dates	Effective date for mailing address.
Source	Source of the mailing address.
Residence Address: Current residence address and effective dates.	
Address	Three lines of street address.
City	City.
ST	State abbreviation.
Zip	Zip code.
Cons Code	Code assigned to the American Consulate in a foreign country. This code identifies a foreign address in the MBD.
Eff. Dates	Effective dates for residence address.
Source	Source of the residence address information.
Temporary Residence Address: Temporary residence address and effective dates.	
Address *Members only*	Three lines of street address.
City *Members only*	City.
ST *Members only*	State abbreviation.
Zip *Members only*	Zip code.

Beneficiary Address Window Information	
Cons Code *Members only*	Code assigned to the American Consulate in a foreign country. This code identifies a foreign address in the MBD.
Eff.Dates *Members only*	Effective date for temporary residence address.
Source *Members only*	Source of the temporary residence address information.
Buttons	**Description**
Resides w/ Rep Payee *Members only*	Indicates whether or not the beneficiary resides with the payee.
SCC History	Displays the state and county code history for the beneficiary. For more information, see **Viewing Residence History** on page 32
BACK	Returns to the Bene Profile tab.
Cancel	**Note: This button is grayed out in Inquiry mode.**
Update	**Note: This button is grayed out in Inquiry mode.**
Print Screen	Prints the current screen.

Instructions

To open the Beneficiary Address Information Window:

➤ On the Bene Profile tab, click **Bene Address**.

The beneficiary address information window appears with the current beneficiary's information (see Figure 16).

To exit from this window and return to the Bene Profile tab:

➤ On the Bene Address window, click **BACK**.

Viewing Residence History (Members Only)

You access the State and County Code (SCC) History window (Figure 17) from the Beneficiary Address Information window. The SCC window displays current and historical state and county code periods.

For the steps to follow to see the state and county residence history, see **Instructions** (on page 32).

Figure 17: State and County Code Pop-up Window

Table 7 contains information about the State and County Code History window.

Table 7: Residence History Window Information

Residence History Window Information	
Fields	**Description**
Residence: Permanent residence SCC History.	
Members only	
FIPS ST/CO	Federal Information Processing System (FIPS) state and county codes.
SSA ST/CO	SSA state and county code.
Start Date	Date the state and county code became effective.
End Date	Date the state and county code was terminated.

Residence History Window Information	
Temporary Residence: Temporary residence SCC History.	
Members only	
FIPS ST/CO	FIPS state and county codes.
SSA ST/CO	SSA state and county code.
Start Date	Date the state and county code became effective.
End Date	Date the state and county code was terminated.
Buttons	**Description**
OK	Returns to the Beneficiary Address window.
Print	Prints the current screen.

Instructions

To view the histories:

➤ On the Beneficiary Address Information window, click **SCC History**.

The State and County Code History pop-up window (Figure 17) displays.

To exit from the State and County Code History pop-up window:

➤ Click **OK**.

The Beneficiary Address window displays.

Viewing Beneficiary
Communication
Information

Purpose

The Beneficiary Communication Profile window (Figure 18) provides contact information and information about the choices a beneficiary has made regarding the reception of correspondence and the Medicare handbook.

For the steps to follow to see the Beneficiary Communications Profile window, see **Instructions** on page 36.

See Table 8 for a complete description of all the fields and buttons contained on this window.

Figure 18:Beneficiary Communication Profile Window

Table 8: Beneficiary Communication Profile Window Information

Beneficiary Communication Profile Window Information	
Fields	**Description**
Telephone Number *Members only*	Telephone number of the beneficiary.
Fax Number *Members only*	Fax telephone number of the beneficiary.
E-mail Address *Members only*	E-mail address of the beneficiary.
EFT Address	**This data does not display due to security rules.** Electronic Funds Transfer (EFT) address of the beneficiary.
Language Preference *Members only*	Requested language for correspondence. Values are English and Spanish.
Media Preference *Members only*	Requested form for correspondence. Values are Written, Audio, Spoken, and Braille.
Src *Members only*	Source feed for the language preference. EDB Enrollment database CSR Customer Service Representative**.**
Survey/Sample Cumulative Total	**This data does not display due to security rules.** Total of all surveys and samples in which a beneficiary has participated.
Survey/Sample Participation Indicator	**This data does not display due to security rules.** Flag indicating if a beneficiary has chosen to participate in a survey or sample.
Medicare Handbook Information	
Correspondence Type	**This data does not display due to security rules.** Handbook
Language Preference	**This data does not display due to security rules.** Requested language for the handbook. Values are English and Spanish.

Media Preference	**This data does not display due to security rules.**
	Requested form for the handbook – or – suppress the mailing.
	Values are Audio, Braille, Handbook, Large Print Handbook, and Suppress Mailing.
Src	**This data does not display due to security rules.**
	Source feed for the language preference.
	EDB Enrollment database
	CSR Customer Service Representative

Buttons	**Description**
BACK	Returns to Bene Profile tab.
Update	**Note: This button is grayed out in Inquiry mode**.
Cancel	**Note: This button is grayed out in Inquiry mode**
Print Screen	Prints the current screen.

Instructions

To view a beneficiary's communication profile:

➢ On the main Bene Profile tab, click **Bene Communication**.

The Beneficiary Communication Profile window displays (see Figure 18).

To exit from the Beneficiary Communication Profile window:

➢ Click **BACK**.

The Bene Profile tab displays.

Viewing Rep Payee
Communication
Information

Purpose

For beneficiaries with representative payees, the Representative Payee Communication Profile information window (Figure 19) provides you the choices a representative payee has made regarding the reception of correspondence, including the Medicare handbook.

For the steps to follow to see the communication choices that the representative payee has made, see **Instructions** on page 39.

See Table 9 for a complete description of all the fields and buttons contained on this window.

Figure 19:
Representative Payee
Communication Profile
Window

**Table 9:
Representative Payee
Communication Profile
Window Information**

Representative Payee Communication Profile Window Information	
Field	**Description**
Rep Payee Name *Members only*	Name of the beneficiary's representative payee.
Telephone Number *Members only*	Telephone number of the beneficiary's representative payee.
Fax Number *Members only*	Fax telephone number for the beneficiary's representative payee.
E-mail Address *Members only*	E-mail address of the beneficiary's representative payee.
EFT Address	**This data does not display due to security rules.** EFT address of the beneficiary's representative payee.
Language Preference *Members only*	Requested language for correspondence. Values are English and Spanish.
Media Preference *Members only*	Requested form for correspondence. Values are Written, Audio, Spoken, and Braille.
Src *Members only*	Source feed for the language preference. EDB Enrollment database CSR Customer Service Representative
Medicare Handbook Information	
Correspondence Type	**This data does not display due to security rules.** Handbook
Language Preference	**This data does not display due to security rules.** Requested language for the handbook. Values are English and Spanish.

Representative Payee Communication Profile Window Information	
Media Preference	**This data does not display due to security rules.** Requested form for the handbook – or – suppress the mailing. Values are Audio, Braille, Handbook, Large Print Handbook, and Suppress Mailing.
Src	**This data does not display due to security rules.** Source feed for the language preference. EDB Enrollment database CSR Customer Service Representative
Survey/Sample Cumulative Total	**This data does not display due to security rules.** Total of all surveys and samples in which a beneficiary has participated.
Survey/Sample Participation Indicator	**This data does not display due to security rules.** Flag indicating if a beneficiary has chosen to participate in a survey or sample.
Buttons	**Description**
BACK	Returns to the Bene Profile tab.
Update	**Note: This button is grayed out in Inquiry mode.**
Cancel	**Note: This button is grayed out in Inquiry mode.**
Print Screen	Prints the current screen.

Instructions

To view a representative payee's communication profile:

➢ On the main Bene Profile tab, click **Rep-Payee Communication**

The Rep Payee Communication Profile window displays (see Figure 19).

Note: The button will be disabled if there is no representative payee for the beneficiary.

To exit from the Rep Payee Communication Profile window:

➢ Click **BACK**.

The display returns to the Bene Profile tab.

Viewing
Miscellaneous
Information

Purpose

The Miscellaneous Beneficiary Information window (Figure 20) provides information about the CWF Host Site (for members only).

For the steps to follow to see miscellaneous beneficiary information, see **Instructions** on page 43.

See Table 10 for a complete description of these fields.

Figure 20: Miscellaneous Beneficiary Information Window

**Table 10:
Miscellaneous
Beneficiary
Information Window**

Miscellaneous Window Information	
Fields	**Description**
Last Health Insurance Card Request Date	**This data does not display due to security rules.** Last date a Medicare card was requested, either as a result of clerical request or change in Medicare entitlement that required that a new card be issued.
MBD Accretion Date	**This data does not display due to security rules.** Date the beneficiary's record was added to the MBD database.
Date of Last EDB Update	**This data does not display due to security rules.** Date of the last EDB update for this beneficiary.
SSA Benefit Payment Status Code	**This data does not display due to security rules.** Benefit Payment Status code.
Medicare Qualified Govt Employee (MQGE) Code	**This data does not display due to security rules.** Status of a current or retired government employee who is currently entitled to Medicare coverage.
Combined US Foreign Earning Switch	**This data does not display due to security rules.** Flag indicating whether a Medicare beneficiary's earnings from a foreign country, with which the US has an agreement, have been combined with earnings from the US to establish eligibility for benefits.
Program Service Center (PSC) Code	**Does not display** Flag identifying the Program Service Center where a beneficiary's social security claim account folder is maintained.
CWF Host Site *Members only*	Flag identifying the Common Working File (CWF) location where a beneficiary's Medicare utilization records are maintained. **Right-click** in this field to see a list of the codes and descriptions.

Miscellaneous Window Information	
Buttons	**Description**
BACK	Returns to the main Bene Profile tab.
Incarceration Status	**Note: This button is grayed out for security access reasons.** Opens the Incarceration Status Pop-up window.
Not Lawful U.S. Presence	**Note: This button is grayed out for security access reasons.** Opens the Not Lawful U.S. Presence Pop-up window.
Print Screen	Prints the current screen.

Instructions

> *To view* this window:

> ➢ On the Bene Profile tab, click **Miscellaneous Info**.

> The Miscellaneous Beneficiary Information window displays. (see Figure 20).

> *To exit* from the Miscellaneous Beneficiary Information window:

> ➢ Click **BACK** (located at the bottom left-hand side of the window).

> The Bene Profile tab displays.

Viewing Entitlement Information

Purpose

The Entitlement tab (Figure 21) provides you with the data necessary to determine a beneficiary's entitlement to Medicare.

For the steps to follow to view the Entitlement tab, see **Instructions** on page 45.

See Table 11 for complete descriptions of all the fields and buttons contained on this tab.

Figure 21: Entitlement Tab

**Table 11: Entitlement
Tab Information**

Entitlement Tab Information	
Fields	**Description**
Part A Entitlement	
Effective Date	Medicare Part A entitlement effective date for a beneficiary.
Term Date	Medicare Part A entitlement termination date.
Status	Medicare Part A entitlement status or non-entitlement reason for a beneficiary.
	Right-click in this field to see a list of the codes and descriptions.
Enrollment Reason	Code used by SSA to reflect information about a specific Part A enrollment. Based upon equitable relief.
	Right-click in this field to see a list of the codes and descriptions.
Part B Entitlement	
Effective Date	Medicare Part B entitlement effective date for a beneficiary.
Term Date	Medicare Part B entitlement termination date for a beneficiary.
Status	Medicare Part B entitlement status for a beneficiary.
	Right-click in this field to see a list of the codes and descriptions.
Enrollment Reason	Code used by SSA to reflect information about a specific Part B enrollment. Based upon equitable relief.
	Right-click in this field to see a list of the codes and descriptions.
Buttons	**Description**
Exit	Exits from the MBD application.
Entitlement Audit History	Displays the Entitlement Audit History window. For more information, see **Viewing Entitlement Audit History Information** on page 47.
Print Screen	Prints the current screen.

Instructions

To view beneficiary entitlement information:

> ➢ Click the **Entitlement** tab (located next to the Bene Profile tab).

Note: You must be on a main tab to navigate to a different tab. (See Figure 21.)

To exit from this window and view another tab:

> ➢ Click one of the three other tabs (Bene Profile, Coverage, or Medicaid).

*Viewing Entitlement
Audit History
Information*

Purpose

> The Entitlement Audit History window (Figure 22) contains a beneficiary's entitlement history information.
>
> *For the steps to follow* to view the Entitlement Audit History window, see Instructions on page 49.
>
> See
>
> Table 12 for a complete description of the fields on this screen.

**Figure 22: Entitlement
Audit History Screen**

Table 12: Entitlement Audit History Window Information

Entitlement Audit History Window Information	
Fields	**Description**
HICN	Beneficiary's HICN, consisting of CAN and BIC.
The fields that follow apply to both Medicare Part A and Medicare Part B	
Effective Date	Entitlement effective date.
Term Date	Entitlement termination date.
Status Code	Entitlement status for a beneficiary. **Right-click** in this field to see a list of the codes and descriptions.
Enroll Reason	Code used by SSA to reflect information about a specific Part A or Part B enrollment and is based upon equitable relief. **Right-click** in this field to see a list of the codes and descriptions.
Non-Entl Reason	Code used to provide information about why a beneficiary is not entitled to benefits. **Right-click** in this field to see a list of the codes and descriptions.
Start Create Timestamp *Members only*	Date and time the entitlement period was added in the MBD.
Start Source (Src) *Members only*	Source that added the entitlement period.
End Create Timestamp *Members only*	Date and time the entitlement period was terminated in the MBD.
End Source (Src) *Members only*	Source that terminated the entitlement period.
Audit Create Timestamp *Members only*	Date and time the entitlement period was audited in the MBD.
Audit Source (Src) *Members only*	Source that audited the entitlement period.
Radio Buttons	
Display Options	

All	All entitlement periods display – valid and audited.
Audit Only	Only audited entitlement periods display.
Sort Options	
Effective Date	Sorted in descending effective date order.
Process Date	Sorted in descending process date order. This is the default option.
Buttons	**Description**
BACK	Returns to the Entitlement tab.
Print	Prints the current screen.

Instructions

To view a beneficiary's entitlement audit history:

➢ On the Entitlement tab, click **Entitlement Audit History** (located at the bottom of the window).

The Entitlement Audit History pop-up window appears (see Figure 22).

To exit from the Entitlement Audit History pop-up window:

➢ Click **BACK**.

The display returns to the main Entitlement tab.

Viewing Coverage Information

Purpose

The Coverage tab (Figure 23) provides information about the Service Delivery elections chosen by a beneficiary and information about other Medicare coverage.

From this tab, you can find detail about enrollments, PBPs, hospice periods, ESRD coverage, and working aged periods.

For the steps to follow to view the Coverage tab, see **Instructions** on page 52.

See Table 13 for a complete description of the fields and buttons contained on this tab.

Figure 23: Coverage Tab

**Table 13: Coverage
Tab Information**

**Note: You can view current and prior managed care
and discount card enrollments ONLY for your
contracts.**

Coverage Tab Information	
Fields	**Description**
Beneficiary Service Delivery Elections	
Delivery Option	Describes the service delivery election chosen by the beneficiary. If none is chosen, the MBD creates a default Fee-For-Service period. Values are: HCPP Cost/Healthcare Prepayment Plan CCP Coordinated Care Plan PFFS Private Fee-For-Service Demo Demonstration FFS Fee-For-Service
Contract #	Contract number for the plan in which the beneficiary is enrolled.
Enrollment Date	Date on which the beneficiary enrolled in the plan.
Disenrollment Date	Date on which the beneficiary disenrolled from a plan.
Audit Ind	Flag indicating whether the enrollment information is audited A Audited V Valid
Audit History?	Radio button defaults to No. No View valid enrollment periods only Yes View current and audited enrollment periods Button is grayed out if there are no audited enrollments.
Discount Drug Card	
Drug Card Pgm ID	This is a unique identifier for an organization or individual responsible for the local administration of the drug card benefit.

Coverage Tab Information	
Fields	**Description**
Enrollment Date	The date reflects the effective date of the drug card enrollment.
Disenrollment Date	This date captures the date that the enrollment is terminated.
TA Effective Date	This date reflects the effective date of the Transitional Assistance.
TA Disenroll Date	This date captures the date that the TA enrollment is terminated
Other Coverage	
Hospice	
Effective Date	Start date of the beneficiary's period of hospice coverage.
Termination Date	Termination date of the beneficiary's period of hospice coverage.
ESRD	
Effective Date	Date on which the beneficiary is entitled to Medicare, in some part, because of a diagnosis of ESRD.
Termination Date	Date on which the beneficiary is no longer entitled to Medicare under ESRD provisions.
Buttons	**Description**
+ (next to Hospice)	Displays details of the Hospice displayed in the Other Coverage area of this window. For more information, see **Viewing Hospice Detail** on page 66.
+ (next to ESRD)	Displays details of the ESRD displayed in the Other Coverage area of this window. For more information, see **Viewing ESRD Detail** on page 68.
Exit	Exits from the MBD application.
Other Insurance Profile	Displays the Other Insurance Profile screen. For more information, see **Viewing Other Insurance Profile Information** on page 71.
Print Screen	Prints the current screen.

Instructions

To view beneficiary coverage information:

> ➢ Click the **Coverage tab** (located next to the Entitlement tab) (see Figure 23).

Note: You must be on a main tab to navigate to a different tab.

To exit from this window and view another tab:

> ➢ Click one of the three other tabs.

Viewing Drug Card Enrollment Detail

Purpose

The Coverage tab window enables you to open a detail window for viewing specific Drug Card Enrollments for a specific beneficiary. This detail window provides information on specific drug cards and transitional assistance for the beneficiary.

To display this detail window, move the cursor to the Discount Drug box on the Coverage tab window. Highlight and click to select one drug card program ID. When you click on a drug card program ID the Drug Enrollment Detail window is displayed.

Figure 24 shows the Drug Card Enrollment detail window.

Refer to Table 14 for the descriptions of the fields and buttons on the detail window. **Note: The "Disenroll" button on the window is grayed because this function can only be used by the CMS Regional Offices.**

Figure 24: Drug Card Enrollment Detail

**Table 14. Drug Card
Enrollment Detail
Information**

Drug Card Enrollment Detail	
Fields	**Description**
Drug Card Information	
Drug Card ID	Drug card program identification number.
Processed Date	Date the beneficiary's enrollment or disenrollment was processed.
Enrollment Effective Date	Date on which beneficiary's enrollment became effective.
Enroll Rsn Cd	Code that indicates the reason for the beneficiary's current enrollment status.
Disenrollment Efffective Date	Date beneficiary was disenrolled.
Disenrol Rsn Cd	Code that indicates the reason the beneficiary disenrolled.
Sp Elec Sw	Indicates whether or not the beneficiary's termination will allow him to reenroll in the drug card program outside of the open enrollment period.
Transitional Assistance	
Effective Date	Date the beneficiary's transitional assistance became effective.
Processed date	Date the beneficiary's enrollment or disenrollment was processed.
Proration Date	Proration date for transitional assistance.
Disenrollment Effective date	Date beneficiary was disenrolled.
Disenrl Rsn Cd	Code that indicates the reason the beneficiary disenrolled.
Buttons	**Description**
Back	Returns to the Coverage window.

Drug Card Enrollment Detail	
Fields	**Description**
Return to Bene Profile	Displays a blank Beneficiary profile screen.
Disenroll	Dsiplays the Drug Card Disenrollment window. This button is grayed out for MCOs.
Print Screen	Prints the current screen.

Viewing Beneficiary
Service Delivery
Elections Detail
Windows

Purpose

Detail windows are available for these managed care service delivery elections:

- **CCP**: Coordinated Care Plans

- **Cost/HCPP:** Healthcare Prepayment Plans

- **PFFS:** Private Fee-For-Service Plans

- **Demo:** CMS Demonstrations

To display a detail window, you click the + button next to the managed care election.

Each detail window contains information for each option, including the enrollment and dis-enrollment dates and reasons and access to contract information.

For the steps to follow to view the service delivery elections, see **Instructions** on page 59.

Figure 25 shows a detail window for CCP. The other detail windows are similar.

See Table 16 for a complete description of all the fields and buttons contained on all of the detail windows.

Figure 25: Coordinated Care Plan (CCP) Detail Window

Table 15: Service Delivery Election Detail Windows Information

Service Delivery Election Detail Windows Information	
Fields	**Description**
Contract Number	Unique number used to identify the contract.
Contract Type *(Cost/HCPP and CCP only)*	Type of contract. HMO Health Maintenance Organization PSOL Provider Service Organization (Licensed) PSOW Provider Service Organization (Waiver) RFB Religious and Fraternal Benefit Plans PPO Preferred Provider Organization RISK Risk HCPP Healthcare Prepayment Plan COST Cost
Enrollment Date	Date that a beneficiary enrolled in the CCP.
Disenrollment Date	Date the beneficiary dis-enrolled from the CCP.

Service Delivery Election Detail Windows Information	
Fields	**Description**
Disenrollment Reason	Reason why a beneficiary dis-enrolled from the CCP. **Right-click** in this field to see a list of the codes and descriptions.
Prior Cmcl Mbr Mths *(CCP only)*	Number of months a beneficiary was enrolled in a given MCO on a commercial basis, prior to the MCO's Medicare contract.
Audit Ind	Flag indicating whether the enrollment period is audited. A Audited V Valid
Signature Date	Date the enrollment application was signed.
Start Create Timestamp	Date and time the enrollment period was added in the GHP.
Strt Src	Source that added the enrollment period.
End Create Timestamp	Date and time the enrollment period was terminated in the GHP.
End Src	Source that terminated the enrollment period.
Audit Create Timestamp	Date and time the enrollment period was audited in the GHP.
Audit Src	Source that audited the enrollment period.
PBP (Plan Benefit Package) Information	
PBP ID	PBP identifier.
PBP Start Date	Date PBP election started.
PBP End Date	Date PBP election ended.
Aud Ind	Indicates whether the PBP period is audited or valid. A Audited V Valid.
App Signature Date	Application signature date.
Premium Reduction Ind	Indicates whether the beneficiary has a reduced Part B premium. Y = Yes N = No.
Start Create Timestamp	Date and time the PBP period was added in the GHP.

Service Delivery Election Detail Windows Information	
Fields	**Description**
Strt Src	Source that added the PBP period.
End Create Timestamp	Date and time the PBP period was terminated in the GHP.
End Src	Source that terminated the PBP period.
Audit Create Timestamp	Date and time the PBP period was audited in the GHP.
Audit Src	Source that audited the PBP period.
Buttons	**Description**
BACK	Returns to the main Coverage tab.
Return to Bene Profile	Returns to a cleared Bene Profile tab.
Audit History?	Displays audited PBP periods. For valid enrollments, defaults to No. Click Yes to view audited PBP periods. For audited enrollments, defaults to Yes. If there are no audited PBP periods, the button will be grayed out.
Contract Information	Displays the Contract Information window. For more information, see **Viewing Contract Information for a Service Delivery Election** on page 60.
Managed Care Institutional Status *Members only*	Displays the Managed Care Institutional Status window. For more information, see **Viewing Managed Care Institutional Status Information (Members Only)** on page 62.
Print Screen	Prints the current screen.

Instructions

To view the detail window for an election:

➢ On the Service Delivery Election Detail window, *highlight* the desired election.

➢ Click the **+** button located next to the Beneficiary Service Delivery Elections group box.

The detail window displays. Figure 25 shows a detail window for the CCP election.

To exit from the detail window:

➢ Click **BACK**.

Viewing Contract Information for a Service Delivery Election (Members Only)

Purpose

You can view details about the contract for a beneficiary service delivery election on the pop-up Contract Information window (Figure 26).

For the steps to follow to view the contract information, see **Instructions** on page 61.

Figure 26: Contract Information Window

Table 16: Contract Information Pop-up Window Information

Contract Information Pop-up Window Information	
Fields	**Description**
Contract Type Start Dt *Members only*	Date that the payment bill option becomes effective.
Contract Type End Dt *Members only*	Date that the payment bill option ends.

Contract Information Pop-up Window Information	
Pay Bill Option: *Members only*	
Code/Description	Payment bill option codes and descriptions. **Right-click** in this field to see a list of the codes and descriptions.
Bill Option Code: *Members only.*	
Code/Description	Bill option codes and descriptions. **Right-click** in this field to see a list of the codes and descriptions.
Buttons	**Description**
OK	Returns the display to the detail window.
Print	Prints the pop-up window.

Instructions

To view contract details:

➢ On the detail window, click **Contract Information**. (To see a sample detail window for CCP, see Figure 25.)

The Contract Information pop-up window displays (see Figure 26).

To exit from the pop-up window:

➢ Click **OK**.

The detail window displays.

Viewing Managed Care Institutional Status Information (Members Only)

Purpose

The Managed Care Institutional Status Information window (Figure 27) provides information about the current and historical periods of time a beneficiary has qualified for nursing home care and/or has received inpatient care at a medical treatment facility.

For the steps to follow to view the Managed Care Institutional Status Information window, see **Instructions** on page 65.

See Table 17 for complete description of the fields and buttons contained on this window.

Figure 27: Managed Care Institutional Status Information Window

Table 17: Managed Care Institutional Status Window Information

Managed Care Institutional Status Window Information	
Fields	**Description**
MCO Nursing Home Certifiable	
Effective Date	Date the beneficiary's health status would warrant nursing home inpatient care, but the beneficiary chose to remain in a non-institutional residence.
Termination Date	Last date that the beneficiary's health status would warrant nursing home inpatient care, after which rectification will be required.
Audit Ind	Flag indicating whether the Nursing Home Certifiable period is audited. Values are: A Audited V Valid
Start Create Timestamp	Date and time the nursing home certifiable period was added in the GHP.
Start Source (Src)	Source that added the nursing home certifiable period.
End Create Timestamp	Date and time the nursing home certifiable period was terminated in the GHP.
End Source (Src)	Source that terminated the nursing home certifiable period.
Audit Create Timestamp	Date and time the nursing home certifiable period was audited in the GHP.
Audit Source (Src)	Source that audited the nursing home certifiable period.

Managed Care Institutional Status Window Information	
MCO Institutional Status	
Effective Date	Date the beneficiary became an inpatient resident in a medical treatment facility.
Termination Date	Date beneficiary no longer qualifies to receive benefits for inpatient residence status in a medical treatment facility, or beneficiary is no longer a resident in an inpatient treatment facility.
Audit Ind	Flag indicating whether the MCO Institutional period is audited. A Audited V Valid
Start Create Timestamp	Date and time the status period was added in the GHP.
Start Source (Src)	Source that added the status period.
End Create Timestamp	Date and time the status period was terminated in the GHP.
End Source (Src)	Source that terminated the status period.
Audit Create Timestamp	Date and time the status period was audited in the GHP.
Audit Source (Src)	The source that audited the status period.
Buttons	**Description**
BACK	Returns to the main Coverage tab.
Return to Bene Profile	Returns to a cleared Bene Profile tab.
Audit History?	Radio button defaults to No. The values are: No View valid Institutional and Nursing Home Certifiable periods only Yes View current and audited Institutional and Nursing Home Certifiable periods. Button is grayed out if there are no audited periods.
Print Screen	Prints the current screen.

Instructions

> *To view* a beneficiary's Managed Care Institutional Status information:

> ➢ On the service detail delivery window, click **Managed Care Institutional Status** (located at the bottom of the window) (Figure 25).

> *To exit* from the service detail delivery window and return to the Coverage tab:

> ➢ Click **BACK**.

Viewing Hospice Detail

Purpose

The Hospice Detail window (Figure 28) displays current and historical hospice periods for a beneficiary.

For the steps to follow to view hospice detail, see **Instructions** on page 67.

See Table 18 for a complete description of the fields and buttons contained on this window.

Figure 28: Hospice Detail Window

**Table 18:Hospice
Detail Window
Information**

Hospice Detail Window Information	
Fields	**Description**
Effective Date	Start date of the beneficiary's period of hospice coverage.
Termination Date	Termination date of the beneficiary's period of hospice coverage.
Buttons	**Description**
BACK	Returns to the Coverage tab.
Return to Bene Profile	Returns to a cleared Bene Profile tab.
Print Screen	Prints the contents of the current screen.

Instructions

To view all hospice periods for a beneficiary:

➢ On the Coverage tab (Figure 23), click the **+** button to the right of the current hospice period

The Hospice Detail window displays (Figure 28).

To exit from the Hospice Detail window:

➢ Click **BACK**.

The display returns to the Coverage tab.

Viewing ESRD Detail

Purpose

The ESRD Detail window (Figure 29) displays current and historical periods of ESRD coverage.

For the steps to follow to view the ESRD detail, see **Instructions** on page 69.

See Table 19 for a complete description of the fields and buttons contained on this window.

Figure 29: ESRD Detail Window

**Table 19: End Stage
Renal Disease (ESRD)
Detail Window
Information**

End Stage Renal Disease (ESRD) Detail Window Information	
Fields	**Description**
Coverage Effective Date	Date on which the beneficiary is entitled to Medicare, in some part, because of a diagnosis of ESRD.
Coverage Term Date	Date on which the beneficiary is no longer entitled to Medicare under ESRD provisions.
Start Source Cd	Source of the information that establishes Medicare-based ESRD coverage. **Right-click** in this field to see a list of the codes and descriptions.
Termination Reason	Code that indicates the reason Medicare-based ESRD coverage was terminated. **Right-click** in this field to see a list of the codes and descriptions.
Dialysis Effective Date	Date the ESRD Dialysis started.
Dialysis Term Date	Date the ESRD Dialysis ended.
Self-Care Training Date	Date the first instance of ESRD self-care training occurred.
Transplant Effective Date	Date the kidney transplant operation occurred.
Transplant Fail Date	Date the kidney transplant operation failed.
Buttons	**Description**
BACK	Returns to the Coverage tab.
Return to Bene Profile	Returns to a cleared Bene Profile tab.
Print Screen	Prints the current screen.

Instructions

To view current and historical periods of ESRD coverage:

➢ On the Coverage tab, click the **+** button next to the current ESRD period.

The ESRD Detail window appears.

To exit from the ESRD Detail window:

➢ Click **BACK**. (Tabs are disabled.)

The display returns to the Coverage tab.

*Viewing Other
Insurance Profile
Information*

Purpose

The Other Insurance Profile (Figure 30) displays Medicare
Secondary Payer (MSP) information.

For the steps to follow to view the other insurance profile, see
Instructions

**Figure 30: Other
Insurance Profile
Window Information**

**Table 20 Other
Insurance Profile
Window Information**

Other Insurance Profile Window Information	
Fields	**Description**
Effective Date	Date on which the beneficiary's MSP coverage begins.
Termination Date	Date on which the beneficiary's MSP coverage is terminated.
Primary Insurance Type	Type of primary insurance. **Right-click** in this field to see a list of the codes and descriptions.
MSP Source Cd	Contractor number to identify the source of the MSP coverage.
Buttons	**Description**
BACK	Returns to the Coverage tab.
Return to Bene Profile	Returns to a cleared Bene Profile tab.
Print Screen	Prints the current screen.

Instructions

To view a beneficiary's Other Insurance Profile information:

➢ On the Coverage tab (Figure 23), click **Other Insurance Profile**.

The Other Insurance Profile window displays.

To exit from the Other Insurance Profile window:

➢ Click **BACK**.

The display returns to the Coverage tab.

*Viewing Medicaid
Information*

Purpose

The Medicaid tab (Figure 31) provides a comprehensive profile of both current and historical Medicaid eligibility periods.

For the steps to follow to view the Medicaid tab, see **Instructions** on page 78.

See Table 21 for a complete description of the fields and buttons contained on this tab.

Figure 31: Medicaid Tab

**Table 21: Medicaid
Tab Information**

Medicaid Tab Information	
Fields	**Description**
GHP Medicaid Data	
Effective Date	Date that the beneficiary's Medicaid eligibility begins.
Termination Date	Date that the beneficiary's Medicaid eligibility was terminated.
Audit Ind	Flag indicating whether the GHP Medicaid period is audited. A Audited V Valid
Start Create Timestamp	Date and time the Medicaid period was added in the GHP.
Start Source (Src)	Source that added the Medicaid period.
End Create Timestamp	Date and time the Medicaid period was terminated in the GHP.
End Source (Src)	Source that terminated the Medicaid period.
Audit Source (Src)	Source that audited the Medicaid period.
Audit Create Timestamp	Date and time the Medicaid period was audited in the GHP.
Buttons	**Description**
Audit History?	Radio button defaults to No. The values are: No View valid Medicaid periods only Yes View current and audited Medicaid periods. Button is grayed out if there are no audited periods.

Medicaid Tab Information
MSIS Medicaid Data

Fiscal Year	**This data does not display due to security rules.** Federal fiscal year that the beneficiary was entitled to Medicaid.
Quarter Number	**This data does not display due to security rules.** Federal fiscal quarter that the beneficiary was entitled to Medicaid.
Month 1	**This data does not display due to security rules.** Number of days the beneficiary was entitled to Medicaid in the first month of the quarter.
Month 2	**This data does not display due to security rules.** Number of days the beneficiary was entitled to Medicaid in the second month of the quarter.
Month 3	**This data does not display due to security rules.** Number of days the beneficiary was entitled to Medicaid in the third month of the quarter.
State Code	**This data does not display due to security rules.** U.S. Postal Service abbreviation for the state that submitted the Medicaid data.

Medicaid Tab Information
Dual Elig Code/Dual Elig Description	**This data does not display due to security rules.**
	Indicates coverage for individuals entitled to Medicare and eligible for some category of Medicaid benefits. Dual Eligible codes includes:
	00 Eligible is not a Medicare beneficiary
	01 Eligible is entitled to Medicare - QMB only
	02 Eligible is entitled to Medicare - QMB and full Medicaid coverage
	03 Eligible is entitled to Medicare - SLMB only
	04 Eligible is entitled to Medicare - SLMB and full Medicaid coverage
	05 Eligible is entitled to Medicare - QDWI
	06 Eligible is entitled to Medicare - Qualifying Individuals (1)
	07 Eligible is entitled to Medicare - Qualifying Individuals (2)
	08 Eligible is entitled to Medicare - Other Dual Eligibles
	09 Eligible is entitled to Medicare - Reason for Medicaid eligibility unknown
	99 Eligible's Medicare status is unknown

Medicaid Tab Information	
Third-Party Medicaid Data	
Mdcr Type Code	**This data does not display due to security rules.** Medicare type code A Part A third party buy-in. B Part B third party buy-in.
Start Date	**This data does not display due to security rules.** Start date of a private third party group's or state's liability for a beneficiary's Part A or Part B premium.
Term Date	**This data does not display due to security rules.** Termination date of a private third party group's or state's liability for a beneficiary's Part A or Part B premium.
Prem Pyr Code	**This data does not display due to security rules.** **Part A:** Identifier for a third-party agency (either a private group or a state buy-in agency) responsible for paying a beneficiary's Medicare Part A premium. S01-S99 State billing T01-Z98 Private third party billing Z99 Conditional state group payer enrollment **Part B:** Identifier for a third-party agency (either a private group, state buy-in agency, or Office of Personnel Management (OPM)) responsible for paying a beneficiary's Medicare Part B premium. Blank No bill determined 000 Beneficiary having Part B premium deducted from Title II check 001 Uninsured beneficiary 005 Insured beneficiary 006 Program Service Center control, no bill 007 Special age 72 enrollee 008 PSC annual billing 010-650 State billing (see EDB data dictionary for specific state values) 700 OPM

Medicaid Tab Information	
	A01-R99 Groups payers for Part B premiums
Buttons	**Description**
Exit	Exits from the MBD application and displays the MBD Main Menu.
Maintenance Assistance Status	**Note: This button is grayed out for security access reasons.** Displays the Maintenance Assistance Status window.
Basis of Eligibility	**Note: This button is grayed out for security access reasons.** Displays the Basis of Eligibility window.
Print Screen	Prints the current screen.

Instructions

To view Medicaid eligibility information:

➢ Click the **Medicaid** tab (located next to the Coverage tab).

The Medicaid tab appears with beneficiary information.

To exit from this tab:

➢ Click the **Bene Profile** tab.

The display returns to the Bene Profile tab.

ERROR AND INFORMATION MESSAGES

The following table contains the MBD error messages.

Table 22: Error and Information Messages

Error Number	Error Message	Error Resolution
Data Base Errors:		
D00001	DATABASE UPDATE ERROR	*Update mode only.* A system error has occurred. Click **OK** and contact your system administrator.
D00002	DATABASE ROLLBACK ERROR	*Update mode only.* A system error has occurred. Click **OK** and contact your system administrator.
Data and Consistency Errors:		
E00010	INVALID DATE	*Update mode only* An invalid date or date format has been entered. Click **OK** and correct the date.
E00028	TERMINATION DATE MUST BE GREATER THAN EFFECTIVE DT	*Update mode only* A termination date was entered on a beneficiary address, which is less than the effective date. Click **OK** and correct the address termination date.
E00033	MAIL ADDRESS START DATE REQUIRED	*Update mode only* An update was made to the mailing address but no effective date was entered. Click **OK** and enter an effective date.
E00034	RESIDENCE ADDRESS START DATE REQUIRED	*Update mode only* An update was made to the residence address but no effective date was entered. Click **OK** and enter an effective date.
E00035	TEMP ADDRESS START DATE REQUIRED	*Update mode only* An update was made to the temporary address but no effective date was entered. Click **OK** and enter an effective date.
E00041	TEMPORARY ADDRESS CANNOT BE LONGER THAN 6 MONTHS	*Update mode only* The End Date for the Temporary address is more than 6 months after the start date. Click **OK** and correct the End date.
Informational messages:		

Error Number	Error Message	Error Resolution
I00002	BENEFICIARY RECORD UPDATED	*Update mode only* The Beneficiary Record was updated successfully. Click **OK** to clear the message window.
I00003	BENEFICIARY RECORD NOT UPDATED	*Update mode only* The update was canceled, and the beneficiary record was not updated. Click **OK** to clear the message window.
I00004	ENTER HIC TO ACCESS BENEFICIARY RECORD	You pressed the Enter key or clicked the OK button but no HIC number had been entered. Click **OK** to clear the message window and enter a HIC number.
I00005	UPDATE SUCCESSFUL	*Update mode only* Data updated successfully. Click **OK** to clear the message window.
I00006	BENEFICIARY RECORD NOT FOUND	There is no beneficiary record on the database for the HIC number that was entered. Click **OK** to clear the message window and re-enter the HIC number.
I00008	MATCHED TO AN INACTIVE NUMBER. ACTIVE NUMBER WILL DISPLAY.	The HICN you entered has been cross-referenced to another number and is no longer active. Click **OK** or press Enter to display the active beneficiary record.
I00009	MATCHED ON BIC EQUATABILITY. ACTIVE NUMBER WILL DISPLAY.	The HICN that was entered does not exist and has been BIC equated to another number. Click **OK** or press Enter to display the active beneficiary record.

Error Number	Error Message	Error Resolution
Warnings:		
W00001	YOU HAVE NOT SAVED YOUR CHANGES	*Update mode only* You are attempting to exit the MBD application without saving your updates. Click **OK** to the clear message and then click **Update** to save changes or **Cancel** to cancel changes.
W00002	RESIDENCE ADDRESS IS REQUIRED IF BENE DOES NOT RESIDE WITH REP PAYEE	*Update mode only* A Residence address is required when you are changing the Resides with Rep Payee switch to No. Enter a residence address or change the switch to Yes.
W00003	IF BENE RESIDES WITH REP PAYEE, RESIDENCE ADDRESS WILL BE TERMINATED...IS THIS OK?	*Update mode only* When you change the Resides with Rep Payee switch to Yes, the MBD will automatically terminate the residence address with the current date. Click **Yes** if this is correct. Or Click **No** to cancel the update and return to the Bene Profile.
W00004	NO VALID STREET ADDRESS...ACCEPT PO BOX?	You entered a P.O. Box in a residence address or in a mailing address for a beneficiary with no residence address. Click **No** if you can obtain a street address. Or Click **Yes** if the P.O. Box address is the only available address.
W00005	ADDRESS HAS FAILED VERIFICATION …ACCEPT ADDRESS ANYWAY?	*Update mode only* The address entered did not pass the Finalist address verification process. Click **Yes** if you wish to add the address as is. Or Click **No** to cancel the update and correct the address.

Error Number	Error Message	Error Resolution
W00006	ADDRESS WAS UPDATED. SHOULD START DATE BE CHANGED?	*Update mode only* The address was updated but the Start Date was not changed. Click **Yes** if you wish to change Start Date. Or Click **No** if you wish to leave current Start Date.
W00007	DOES BENE NO LONGER RESIDE WITH REP PAYEE ?	*Update mode only* You added a residence address, but the Resides with Rep Payee switch is Yes. Click **Yes** to add the residence address and allow the switch to be changed to No. Or Click **No** to cancel the update to the residence address.
W00009	DOES BENE NOW RESIDE WITH REP PAYEE?	*Update mode only* A residence address has been terminated, but the Resides with Rep Payee switch is No. Click **Yes** to end the residence address and allow the switch to be changed to Yes. Or Click **No** to cancel the update to residence address.

Appendix A: Definitions, Acronyms, and Abbreviations

ACRONYMS

Acronym	Description
BIC	Beneficiary Identification Code
BOAN	Beneficiary's Own Account Number
CAN	Claim Account Number
CCP	Coordinated Care Plan
CMS	The Centers for Medicare and Medicaid Services
CSR	Customer Service Representative
CWF	Common Working File
DOD	Date Of Death
EDB	Enrollment Database
EFT	Electronic Funds Transfer
ESRD	End Stage Renal Disease
FFS	Fee-For-Service
FIPS	Federal Information Processing Standards
GHP	Group Health Plan
GUI	Graphical User Interface
HCPP	Health Care Prepayment Plan
HICN	Health Insurance Claim Number
HMO	Health Maintenance Organization
MBD	Medicare Beneficiary Database
MCO	Managed Care Organization
MCSC	Medicare Customer Service Center
MQGE	Medicare Qualified Government Employee
MSIS	Medicaid Statistical Information System

Acronym	Description
MSP	Medicare Secondary Payer
OPM	Office of Personnel Management
PACE	Program of All Inclusive Care for the Elderly
Part A	The hospital insurance provision of Medicare established by section 1811 of title XVIII of the Social Security Act, and covers inpatient hospital care, skilled nursing facility care, some home health agency services, and hospice care.
Part B	The supplementary medical insurance provision of Medicare established by section 1831 of title XVIII of the Social Security Act and covers services of physicians and other suppliers, outpatient care, medical equipment and supplies, and other medical services not covered by Medicare Part A, hospital insurance.
PFFS	Private Fee-For-Service
PPO	Preferred Provider Organization
PSC	Program Service Center
PSOL	Provider Service Organization (License)
PSOW	Provider Service Organization (Waiver)
RACF	Resource Access Control Facility
RFB	Religious and Fraternal Benefit Plan
RRB	Railroad Board
SCC	State and County Code
SSA	Social Security Administration
SSN	Social Security Number
XREF	Cross Reference

ABBREVIATIONS:

Abbreviation	Definition
Addr	Address
Bene	Beneficiary
Cd	Code
Cnty	County
CO	County
Comm	Communication
Cons	Consular
Demo	Demonstration
Dt	Date
Eff	Effective
Entl	Entitlement
Gov't	Government
Ind	Indicator
Info	Information
MI	Middle Initial
Misc	Miscellaneous
Pref	Preference
Rep	Representative
Src	Source
ST	State
Term	Termination